

**United States Bankruptcy Court
Western District of North Carolina**

**MONTHLY STATUS REPORT
REVISED & AMENDED**

IN RE: DIABETES ENDOCRINOLOGY & METABOLISM ASSOCIATES, P.A.

CASE NO: 17-30204

Reporting Period:

**FROM: May 1, 2017
TO: May 31, 2017**

I certify under penalty of perjury that the information contained in the attached Monthly Status Report consisting of _____ pages (including exhibits and attachments) is true and correct to the best of my knowledge and belief.

Dated: August 10, 2017 /s/ Godwin Uzomba
Debtor Representative

I certify that I have reviewed the information contained in the attached Monthly Status Report consisting of _____ pages and based on my knowledge of this case and the debtor's financial and business affairs, this Monthly Status Report is accurate, complete, and does not contain any misrepresentation of which I am aware. I further certify that this report has been served on all parties as required by law or court order.

Dated: August 10, 2017 /s/Dennis O'Dea
Attorney for Debtor

NARRATIVE ON PROGRESS OF CASE:

CASH RECEIPTS AND DISBURSEMENTS

BEGINNING CASH POSITION is the same figure as the **ENDING CASH POSITION** of prior month.

BEGINNING CASH POSITION

DATE: May 1, 2017

AMOUNT: \$ 1,729.53

CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
Description		Description	
Patient Charges Medical Services	5,703.72	Inventory Purchased	0
		Salaries/Wages	2,132.83
		Taxes (Total)	
		Insurance (Total)	
		Unsecured Loan Payments	
		Utilities (Total)	200.00
		Rent	
		Professional Fee	0
		Maintenance/Repair	275.00
		Computer Software & Supplies	709.04
		OTHER DISBURSEMENTS (List)	
		Professional Association Fees	
		Software Service Charge	
		Taxes & License	731.00
		Travel	
		Toyota Credit	
		Bank Charges	295.88
		Office supply and misc purchase	1,096.71
TOTAL CASH RECEIPTS	5,703.72	TOTAL DISBURSEMENTS	5,440.46
NET CHANGE			263.26

ENDING CASH POSITION

DATE: May 31, 2017

AMOUNT: \$ 1,992.79

PAYMENTS TO SECURED CREDITORS

X No Secured Debt

X No Secured Debt Payments Made During Reporting Period

X All Secured Debt Payments Made During Reporting Period Are Listed Below:

CREDITOR	COLLATERAL	DATE OF PAYMENT	AMOUNT
0			
		AMOUNT	

PAYMENTS ON PRE-PETITION DEBT

X No payments have been made on pre-petition unsecured debt during the reporting period.

X All payments made on pre-petition unsecured debt during reporting period are listed below:

CREDITOR	COLLATERAL	DATE OF PAYMENT	AMOUNT
	0		

BANK ACCOUNTS

ALL BANK STATEMENTS MUST BE ATTACHED
FOR EACH ACCOUNT. PLEASE REPRODUCE THIS PAGE
AND COMPLETE A SEPARATE PAGE FOR EACH ACCOUNT.
ATTACH BANK STATEMENT TO CORRESPONDING PAGE.

Name of Bank: BB&T

Address: 7521 Pineville Matthews Road
Street and/or P. O. Box Number

Charlotte
City

NC
State

28266
Zip Code

Type of Account:
(i.e., Payroll, Tax, Operating): Operating

Account Number: XXXXXXXXXXXXX5358

DATE PERIOD BEGINS: May 1, 2017

Ending Balance (per the attached
bank statement for this period) \$ 1,143.43

Outstanding Deposits and Other
Credits Not On Statement \$ 0

Outstanding Checks and Other
Debits Not On Statement \$ 0

Ending Reconciled Balance* \$ 1,143.43

DATE PERIOD ENDS: May 31, 2017

Highest Daily Balance During Above Period \$ 2,822.82

BANK ACCOUNTS

**ALL BANK STATEMENTS MUST BE ATTACHED
FOR EACH ACCOUNT. PLEASE REPRODUCE THIS PAGE
AND COMPLETE A SEPARATE PAGE FOR EACH ACCOUNT.
ATTACH BANK STATEMENT TO CORRESPONDING PAGE.**

Name of Bank: Carolina Premier Bank

Address: 13024 Ballantyne Corporate Place, Suite 100
Street and/or P. O. Box Number

Charlotte NC 28277
City State Zip Code

Type of Account:
(i.e., Payroll, Tax, Operating): Debtor In Possession Operating Account

Account Number: XXXX2094

DATE PERIOD BEGINS: April 1, 2017

Ending Balance (per the attached
bank statement for this period) \$ 849.36

Outstanding Deposits and Other
Credits Not On Statement \$ 0

Outstanding Checks and Other
Debits Not On Statement \$ 0

Ending Reconciled Balance* \$849.36

DATE PERIOD ENDS: May 31, 2017

Highest Daily Balance During Above Period 998.04

*The sum of the ending balances of all accounts must reconcile with the Ending Cash Position on the Cash Receipts and Disbursements page.

*The sum of the ending balances of all accounts must reconcile with the Ending Cash Position on the Cash Receipts and Disbursements page.

SALARY/COMMISSION/INDEPENDENT CONTRACTOR PAYMENTS

Insiders* (List name(s) and describe type of insider):

NAME	TYPE	AMOUNT PAID
------	------	-------------

Godwin Uzomba	Salary	\$ 275.00
---------------	--------	-----------

Ben Nwoke	Salary	\$ 0.00
-----------	--------	---------

		\$
--	--	----

		\$
--	--	----

Non-Insider Employees:

Type (i.e., Salaried, Wage)

AMOUNT PAID

		\$
--	--	----

Wages, two employees	Wages	\$ 1,857.86
----------------------	-------	-------------

		\$
--	--	----

		\$
--	--	----

Commission/Bonus Payments:

None

		\$
--	--	----

		\$
--	--	----

		\$
--	--	----

		\$
--	--	----

Independent Contractors:

NAME	TYPE	AMOUNT PAID
------	------	-------------

		\$
--	--	----

None		\$
------	--	----

Total Salary/Wage/Commission/ Payments

\$ 2,132.83

* "Insider" is defined in 11U.S.C. Sec101(31)

SALES/ACCOUNTS RECEIVABLE

- I. Accounts Receivable Pending As of: May, 31 2017
(Date of Reporting Period)
- II. Sales (gross) During Reporting Period: \$ 62,327.00
- III. Collections of Accounts Receivable
During Reporting Period: \$ 5,703.72
- IV. New Accounts Receivables Generated
During Reporting Period: \$ 56,623.28

Pending Pre & Post Petition	Total	Collectible	Uncollectible
0-30 DAYS	\$ 0	\$	\$
31-60 DAYS	\$ 0	\$	\$
61-90 DAYS	\$ 0	\$	\$
91-120 DAYS	\$ 0	\$	\$
120 DAYS AND OVER	\$ 0	\$	\$
TOTAL	\$ 261,335.05	\$	\$

INVENTORY (Cost Basis)

Beginning Date: _____ Ending Date: _____

LIST BY CATEGORY OF INVENTORY USED FOR PRODUCTION OR RESALE*:

CATEGORY	BEGINNING	USED	ADDED	ADJUSTED	ENDING
N/A	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$	\$

* Exclude capital items such as machinery and equipment and consumable items such as fuel and general supplies.

AFFIRMATIONS

1. Yes X No All tangible assets of this bankruptcy estate are adequately and properly insured and all other insurance required by law or prudent business judgment are in force.
2. Yes X No All insurance policies and renewals if applicable, have been submitted to the Bankruptcy Administrator.¹
3. Yes No X All tax returns have been filed timely and payments made. Copies of returns have been filed post-petition have been submitted to the Bankruptcy Administrator.
4. Yes No* X All post-petition taxes have been paid or deposited into a designated tax account.
5. Yes X No New Debtor-In-Possession (DIP) bank accounts have been opened and have been reconciled.
6. Yes X No New DIP financial books and records have been opened and are being maintained monthly and are current.

* If the response is "no", a listing must appear on the Accrued Post-Petition Liabilities sheet. The listing must include the name of the taxing authority, type of tax, the amount due and the period the tax was incurred.

¹ The Company is providing additional information to the Bankruptcy Administrator as requested

DEMA

POST - Unpaid taxes by Type and Payee

Month end	Pay Date	IRS			ND Dept of Revenue		Total	Balance
		Social Sec	Fed W/H	Fed UI	NC W/H	NC UI		
February	2/10/2017	393.40	141.74	15.43	58.00	37.28	645.85	
	2/24/2017	333.86	128.02	13.09	73.00	31.64	579.61	
		727.26	269.76	28.52	131.00	68.92	1,225.46	1,225.46
March	3/10/2017	335.60	128.79	13.17	74.00	31.80	583.36	
	3/24/2017	342.72	133.81	13.44	77.00	32.48	599.45	
		678.32	262.60	26.61	151.00	64.28	1,182.81	2,408.27
April	4/7/2017	342.72	133.81	6.26	77.00	32.48	592.27	
	4/21/2017	342.72	133.81	3.32	77.00	32.48	589.33	
		685.44	267.62	9.58	154.00	64.96	1,181.60	3,589.87
May	5/5/2017	342.72	133.81	-	77.00	32.48	586.01	
	5/19/2017	342.72	133.81	-	77.00	32.48	586.01	
		685.44	267.62	-	154.00	64.96	1,172.02	4,761.89

Page 1 of 4 05/31/17
INC [REDACTED] 3859

BB&T

500-21-01-00 55621 0 C 001 26 S 66 002
DIABETES ENDOCRINOLOGY & METABOLISM ASSO
CHAPTER 11 DEBTOR IN POSSESSION
10036 PARK CEDAR DR STE A
CHARLOTTE NC 28210-8915

Your account statement

For 05/31/2017

Contact us



BBT.com

(800) BANK-BBT or
(800) 226-5228

Business owners and leaders of public and nonprofit organizations are encouraged to consider providing BB&T@Work as a no-cost employee benefit to their associates. Academic research demonstrates the link between financial wellness and job performance, and the BB&T@Work program contains resources to help your staff reduce stress associated with their personal financial circumstances. Our Financial Foundations educational modules, U by BB&T, and the benefit-rich Elite@Work checking account can set financial wellness in motion in your workplace--resulting in more productive, happier employees, and a stronger bottom line. For more information, contact your banking officer or visit BBT.com/AtWork.

BB&T, Member FDIC.

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■ BUSINESS VALUE [REDACTED] 5358

Account summary

Your previous balance as of 04/28/2017	\$1,417.76
Checks	- 2,332.55
Other withdrawals, debits and service charges	- 1,065.05
Deposits, credits and interest	+ 3,123.27
Your new balance as of 05/31/2017	= \$1,143.43

Checks

DATE	CHECK #	AMOUNT(\$)	DATE	CHECK #	AMOUNT(\$)	DATE	CHECK #	AMOUNT(\$)
05/05	1010	275.00	05/23	1014	99.00	05/19	1016	275.00
05/22	*1012	200.00	05/18	1015	650.00	05/31	1017	137.50
05/22	1013	696.05						

* indicates a skip in sequential check numbers above this item

Total checks = \$2,332.55

Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
05/01	DEBIT CARD PURCHASE PPS30904-27 CHARLOTTE NC 2398	11.00
05/01	BUS ONLINE MANAGE USERS FEE 7261	5.00
05/15	DEBIT CARD PURCHASE JM FOODS & RETAIL 05-12 KINGSTON 5 2398	13.71
05/15	DEBIT CARD INT'L TRAN FEE JM FOODS & RETAIL 05-12 KINGSTON 5 2398	0.41
05/15	MERCH FEE TSYS MERCHANT DIABETES ENDOCRINOLOGY 2000588459	68.49
05/15	MERCH FEE TSYS MERCHANT DIABETES ENDOCRINOLOGY 2000588442	94.39
05/17	DEBIT CARD PURCHASE DEA REGISTRATION 05-16 202-307-7218 VA 2398	731.00
05/23	DEPOSIT CORRECTION	100.00
05/30	DEBIT CARD PURCHASE LOWES#02442* 05-26 FORT MILL SC 2398	28.06
05/30	DEBIT CARD RECURRING PYMT EIG*Dotster 05-28 866-5392854 MA 2398	12.99

Total other withdrawals, debits and service charges

= \$1,065.05

Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
05/02	DEPOSIT TSYSMERCHANT DIABETES ENDOCRINOLOGY 2000588459	180.00
05/03	DEPOSIT TSYSMERCHANT DIABETES ENDOCRINOLOGY 2000588442	605.00
05/04	DEPOSIT TSYSMERCHANT DIABETES ENDOCRINOLOGY 2000588459	309.00
05/08	DEPOSIT TSYSMERCHANT DIABETES ENDOCRINOLOGY 2000588459	130.00
05/10	DEPOSIT TSYSMERCHANT DIABETES ENDOCRINOLOGY 2000588459	339.00
05/15	DEPOSIT ADJUSTMENT	0.06
05/15	COUNTER DEPOSIT	310.00
05/17	DEPOSIT TSYSMERCHANT DIABETES ENDOCRINOLOGY 2000588442	20.00
05/17	DEPOSIT TSYSMERCHANT DIABETES ENDOCRINOLOGY 2000588459	63.45
05/18	DEPOSIT TSYSMERCHANT DIABETES ENDOCRINOLOGY 2000588459	12.00
05/22	DEPOSIT TSYSMERCHANT DIABETES ENDOCRINOLOGY 2000588459	117.00
05/23	COUNTER DEPOSIT	100.00
05/23	COUNTER DEPOSIT	666.16
05/24	DEPOSIT TSYSMERCHANT DIABETES ENDOCRINOLOGY 2000588459	215.00
05/25	DEPOSIT TSYSMERCHANT DIABETES ENDOCRINOLOGY 2000588459	56.60
Total deposits, credits and interest		= \$3,123.27

Shred Financial Documents

Protect your personal information by disposing of this statement and other sensitive financial documents using a cross-cut shredder. If you don't have one, consider using a commercial shredding service.

Learn more Document Shredding and Retention Guidelines at BBT.com/Security

BB&T, Member FDIC.

Questions, comments or errors?

Member FDIC

For general questions/comments or to report errors about your statement or account, please call BB&T Phone24 at 1-800-BANK BBT (1-800-226-5228) 24 hours a day, 7 days a week. BB&T Phone24 Client Service Associates are available to assist you from 6 a.m. until midnight ET. You may also contact your local BB&T financial center. To locate a BB&T financial center in your area, please visit BBT.com.

Electronic fund transfers

In case of errors or questions about your electronic fund transfers, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, contact us as soon as possible. You may write to us at the following address:

BB&T Liability Risk Management
P.O. Box 996
Wilson, NC 27894-0996

You may also call BB&T Phone24 at 1-800-BANK BBT or visit your local BB&T financial center. We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the error or problem appeared. Please provide the following information:

- Your name and account number
- Describe the error or transfer you are unsure about, and explain in detail why you believe this is an error or why you need more information
- The dollar amount of the suspected error

We will investigate your complaint/concern and promptly take corrective action. If we take more than ten (10) business days to complete our investigation, your account will be credited for the amount you think is in error, minus a maximum of \$50 if we have a reasonable basis to believe that an unauthorized electronic fund transfer has occurred. This will provide you with access to your funds during the time it takes us to complete our investigation. You may have no liability for unauthorized Check Card purchases, subject to the terms and conditions in the current BB&T Electronic Fund Transfer Agreement and Disclosures. If you have arranged for direct deposit(s) to your account, please call BB&T Phone24 at 1-800-BANK BBT to verify that a deposit has been made.

If your periodic statement shows transfers that you did not make, tell us at once. If you do not inform us within sixty (60) days after the statement was mailed to you, you may not get back any money you lost after sixty (60) days. This will occur if we can prove that we could have stopped someone from taking the money if you had informed us in time. If a good reason kept you from informing us, we will extend the time periods.

Important information about your Constant Credit Account

Once advances are made from your Constant Credit Account, an **INTEREST CHARGE**

will automatically be imposed on the account's outstanding "Average daily balance." The **INTEREST CHARGE** is calculated by applying the "Daily periodic rate" to the "Average daily balance" of your account (including current transactions) and multiplying this figure by the number of days in the billing cycle. To get the "Average daily balance," we take the beginning account balance each day, add any new advances or debits, and subtract any payments or credits and the last unpaid **INTEREST CHARGE**. This gives us the daily balance. Then we add all of the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "Average daily balance."

Billing rights summary

In case of errors or questions about your Constant Credit statement

If you think your statement is incorrect, or if you need more information about a Constant Credit transaction on your statement, please call 1-800-BANK BBT or visit your local BB&T financial center. To dispute a payment, please write to us on a separate sheet of paper at the following address:

BankCard Services Division
P.O. Box 200
Wilson, NC 27894-0200

We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the error or problem appeared. You may telephone us, but doing so will not preserve your rights. In your letter, please provide the following information:

- Your name and account number
- Describe the error or transfer you are unsure about, and explain in detail why you believe this is an error or why you need more information
- The dollar amount of the suspected error

During our investigation process, you are not responsible for paying any amount in question; you are, however, obligated to pay the items on your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount in question.

Mail-in deposits

If you wish to mail a deposit, please send a deposit ticket and check to your local BB&T financial center. Visit BBT.com to locate the BB&T financial center closest to you. Please do not send cash.

Change of address

If you need to change your address, please visit your local BB&T financial center or call BB&T Phone24 at 1-800-BANK BBT (1-800-226-5228).

How to Reconcile Your Account		Outstanding Checks and Other Debits (Section A)			
		Date/Check #	Amount	Date/Check #	Amount
1. List the new balance of your account from your latest statement here:					
2. Record any outstanding debits (checks, check card purchases, ATM withdrawals, electronic transactions, etc.) in section A. Record the transaction date, the check number or type of debit and the debit amount. Add up all of the debits, and enter the sum here:					
3. Subtract the amount in line 2 above from the amount in line 1 above and enter the total here:					
4. Record any outstanding credits in section B. Record the transaction date, credit type and the credit amount. Add up all of the credits and enter the sum here:					
5. Add the amount in line 4 to the amount in line 3 to find your balance. Enter the sum here. This amount should match the balance in your register.					
For more information, please contact your local BB&T relationship manager, visit BBT.com, or contact BB&T Phone24 at 1-800-BANK BBT (1-800-226-5228).		Outstanding Deposits and Other Credits (Section B)			
		Date/Type	Amount	Date/Type	Amount

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1-704-752-9292

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Toll Free: 1-888-572-0572

Fax: 1-704-697-5080

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13024 Ballantyne Corporate Place, Suite 100 • Charlotte, NC 28277

Return Service Requested

DIABETES ENDOCRINOLOGY & METABOISM
ASSOCIATES PA
10036 PARK CEDAR DR STE A
CHARLOTTE NC 28210-8915

Account Number:

2094

Date:

05-31-17

Images:

0

Branch:

BRANCH-100

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NOTICE OF FEE CHANGES EFFECTIVE JULY 1, 2017

Non-sufficient funds (NSF) / Returned Checks: \$35.00 per item

Overdraft items: \$35.00 per item

Stop Payments: \$35.00 for checks, ACH transactions and recurring debits

Please contact any of our banking professionals if you have any questions.

BUSINESS CHECKING

DIABETES ENDOCRINOLOGY & METABOLISM
ASSOCIATES PA

Acct 10012094

Summary of Activity Since Your Last Statement

Beginning Balance	5/01/17	\$11.77
Deposits / Misc Credits	17	\$5,577.18
Withdrawals / Misc Debits	11	\$5,039.19
Ending Balance	5/31/17	\$649.76
Service Charge		.00
Interest Paid Thru	5/31/17	.00
Interest Paid Year To Date		.00
Average Balance		\$11
Average Collected Balance		\$11
Minimum Balance		\$1,525 -
Average Rate / Cycle Days		.000000 / 31
Enclosures		2

Deposits and Other Credits

Date	Deposits	Activity Description
7/1	102.63	BLUE CROSS BLUE/HCCCLAIMPMT TRN:1*0000261504*15762*7419*BCBSEX- DIABETES ENDOCRINOLOGY
7/1	47.63	UNITEDHEALTHCARE/HCCCLAIMPMT TRN:1*1000442691*0*141124*245*000007726 DIABETES ENDOCRINOLOGY
5/29	576.00	BLUE CROSS BLUE/HCCCLAIMPMT TRN:1*00002270890*1370287419*401- DIABETES ENDOCRINOLOGY
5/17	147.04	REV: PARKER, J INC/PAID DIABETES ENDOCRINOLOGY
7/17	58.06	UnitHealthcare/HCCCLAIMPMT TRN:1*1072001769*1411*83245*000007726 DIABETES ENDOCRINOLOGY
7/17	421.76	REV: CHECK

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Return Service Requested

Account Number:

Date:

2094

05-31-17

DIABETES ENDOCRINOLOGY & METABOLISM

Deposits and Other Credits

Date	Deposits	Activity Description
5/15	489.81	CIGNA/HOCLAIMPMT TRN*1*170511090013605*1591031071\
		/DIABETES ENDOCRINOLOG
5/16	74.29	S.C. STATE GROUPE/HOCLAIMPMT TRN*1*0001507722*1570287419*400-
		DIABETES ENDOCRINOLOGY
5/16	81.73	UnitedHealthcare/HOCLAIMPMT TRN*1*1272847706*1411289245*000087726\
		DIABETES ENDOCRINOLOGY
5/16	97.00	BLUE CROSS BLUE/HOCLAIMPMT TRN*1*0002279536*1570287419*401-
		DIABETES ENDOCRINOLOGY
5/16	86.61	BLUECROSS HEALTH/HOCLAIMPMT TRN*1*0000694137*1570768835*BCHPEX-
		DIABETES ENDOCRINOLOGY
5/25	105.31	UnitedHealthcare/HOCLAIMPMT TRN*1*1275126412*1411289245*000087726\
		DIABETES ENDOCRINOLOGY
5/26	96.33	CIGNA/HOCLAIMPMT TRN*1*170523090013779*1591031071\
		/DIABETES ENDOCRINOLOG
5/30	103.92	CIGNA/HOCLAIMPMT TRN*1*170423090013967*1591031071\
		/DIABETES ENDOCRINOLOG
5/30	991.86	Rev: CHECK
5/30	889.97	Rev: CHECK
5/31	517.00	BLUE CROSS BLUE/HOCLAIMPMT TRN*1*0002296832*1570287419*401-
		DIABETES ENDOCRINOLOGY

Other Debits and Withdrawals

Date	Withdrawals	Activity Description
5/1/17	147.04	PAYROLL 1 INC/INVOICE DIABETES ENDOCRINOLOGY
5/2/17	33.00	Non-sufficient (NSF) Fee
5/2/17	12.00	Non-sufficient (NSF) Fee
		# 8469
5/2/17	147.04	PAYROLL 1 INC/INVOICE DIABETES ENDOCRINOLOGY
5/2/17	44.00	Non-sufficient (NSF) Fee
		# 8469

2470

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Member FDIC

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13024 Ballantyne Corporate Place, Suite 100 • Charlotte, NC 28277

Return Service Requested

Account Number:

Date:

2094
05-31-17

DIABETES ENDOCRINOLOGY & METABOLISM

ATM/POS Transactions

Date	Deposits	Withdrawals	Location
5/23		9.99	POS PURCHASE VITAL MONKEY 866-2165784 WV

Checks

Date	Check No	Amount	Date	Check No	Amount	Date	Check No	Amount
5/23	1137	891.86	5/12	8468	891.86	5/30	8470	891.86
5/10	8467	965.97	5/30	8469	965.97			

* indicates a break in check number sequence

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
5/1	114.40	5/12	28.13	5/25	205.99
5/14	482.74	5/15	515.94	5/26	392.38
5/02	998.04	5/16	1,148.57	5/30	382.36
5/1	.07	5/23	100.68	5/31	849.36

Carolli'a

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PREMIER BAN

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DIABETES ENDOCRINOLOGY & METABOLISM ASSOCIATES P.A.
1137

DATE 5/23/17

PAY TO THE ORDER OF Miana Rodriguez \$ 891.86

Sight Cash and Twenty One 84/100 DOLLARS 2

Carolina PREMIER BANK

Pay to the order of _____

001137 *053012760* *094*

05/23/2017 1137 \$891.86

DIABETES ENDOCRINOLOGY & METABOLISM ASSOCIATES P.A.
1137

DATE 5/23/17

PAY TO THE ORDER OF Miana Rodriguez \$ 891.86

Sight Cash and Twenty One 84/100 DOLLARS 2

Carolina PREMIER BANK

Pay to the order of _____

001137 *053012760* *094*

05/23/2017 1137 \$891.86

DIABETES ENDOCRINOLOGY & METABOLISM ASSOCIATES P.A.
8467

DATE 05/10/2017

PAY TO THE ORDER OF Miana Rodriguez \$ 965.97

Sight Cash and Twenty One 84/100 DOLLARS 2

Carolina PREMIER BANK

Pay to the order of _____

008467 *053012760* *101*

05/10/2017 8467 \$965.97

DIABETES ENDOCRINOLOGY & METABOLISM ASSOCIATES P.A.
8468

DATE 05/12/2017

PAY TO THE ORDER OF Miana Rodriguez \$ 891.86

Sight Cash and Twenty One 84/100 DOLLARS 2

Carolina PREMIER BANK

Pay to the order of _____

008468 *053012760* *100*

05/12/2017 8468 \$891.86

DIABETES ENDOCRINOLOGY & METABOLISM ASSOCIATES P.A.
8469

DATE 05/30/2017

PAY TO THE ORDER OF Miana Rodriguez \$ 965.97

Sight Cash and Twenty One 84/100 DOLLARS 2

Carolina PREMIER BANK

Pay to the order of _____

008469 *053012760* *101*

05/30/2017 8469 \$965.97

DIABETES ENDOCRINOLOGY & METABOLISM ASSOCIATES P.A.
8470

DATE 05/30/2017

PAY TO THE ORDER OF Miana Rodriguez \$ 891.86

Sight Cash and Twenty One 84/100 DOLLARS 2

Carolina PREMIER BANK

Pay to the order of _____

008470 *053012760* *100*

05/30/2017 8470 \$891.86

THIS FORM IS PROVIDED TO HELP YOU RECONCILE
YOUR ACCOUNT

MONTH 20

ITEMS OUTSTANDING NOT
CHARGED TO ACCOUNT

[illegible]BANK BALANCE
SHOWN ON
THIS STATEMENT \$

BALANCE
ACCORDING TO
YOUR RECORDS \$

ADD+

DEPOSITS NOT CREDITED
IN THIS STATEMENT
(IF ANY)

S _____

S _____

TOTAL \$_____

SUBTRACT

ITEMS OUTSTANDING _____

OTHER
ADJUSTMENTS \$ _____

OTHER
ADJUSTMENTS \$ _____

THESE BALANCES SHOULD EQUAL

BALANCE \$ _____

§

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone us at (704) 752-9292 or write to us at 13024 Ballantyne Corporate Place, Suite 100, Charlotte NC 28277 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. If writing to us, please indicate the following:

- Tell us your name and account number (if any)
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. **THIS IS APPLICABLE TO CONSUMER ACCOUNTS ONLY.**

OVERDRAFT PROTECTION/CREDIT LINES

To figure the finance charge for a billing cycle, we apply the daily periodic rate of finance charge shown on the front of this statement to the "principal balance" of your loan account each day. To figure the "principal balance" for each day, we first take your loan account balance at the beginning of the day and subtract any unpaid finance charges and credit insurance premiums (if any) that are due. Next, we subtract the portion of any payments or credits received that day which apply to the repayment of your loans. (A portion of each payment you make is applied to finance charges and credit insurance premiums, if any.) Then we add any new loans made that day. The final figure is the "principal balance".

NOTE: Rates may vary.

Carolina Premier Bank
13024 Ballantyne Corporate Place, Suite 100
Charlotte, NC 28277
Phone: 704-752-9292
Toll Free: 888-572-0572
FAX: 704-697-5080
Lost/Stolen Debit Card: 1-800-500-1044
www.carolinapremierbank.com